Committee Members Present:
Eldon Luce
Maribel Marin
Dani Anderson
Paula Margeson
Derrell Kelch
Victoria Jump
January Crane
Teresa Anderson
Ana Acton

Committee Members Attending by Phone:
Paula Acosta
Anita Shumaker
Elsa Quezada

State Agency Representatives Present:
Dean Fujimoto, CDA
Marianne Gammon, CDA
Robin Jordan, CDA
Irene Walela, DOR

11:00 Opening of Meeting

Agenda Item 1: Welcome and Introductions
The meeting was called to order and members introduced.

Agenda Item 2: Review of Agenda and Approval of Notes
The agenda was reviewed and agreed upon.

Irene Walela asked that the notes be amended to indicate that Maria Aliferis-Gjerde from DOR attended the Dec 1, 2017 meeting.
With that addition, the Dec 1, 2017 notes were approved.

**Agenda Item 3: North Bay Regional Center Presentation: January Crane**

January reviewed the history and founding of the regional center system and how an individual qualifies for services, which are as follows:

- You must have an IQ lower than 70
- Or
- You have to have a diagnosis of cerebral palsy or autism or epilepsy
- Or
- You have to have a substantial limitations related to those diagnosis that causes the individual to require support

Once someone qualifies for Regional Center Services, qualification is for their entire life.

All 21 regional centers are part of the California Department of Developmental Services, all must follow the Lanterman Act, but how each implements those guidelines is up to each organization’s discretion.

Each regional center has done strategic planning around person-centered planning. North Bay Regional Center (NBRC) brought in Michael Smull and two mentor trainers from the The Learning Community. Eventually, NBRC will have four staff that will become certified person-centered trainers.

Other Regional Centers have elected different solutions than The Learning Community curriculum.

January also brought in Dr. Barbara Strauss, a trainer focused on cultural sensitivity.

The majority of staff at Regional Centers is Service Coordinators or Case Managers. They are the hub overseeing client’s services. Each has a caseload of 85 to 95. Each client has an Individual Program Plan (IPP). Each plan has 4 objectives:

1. Health and Safety
2. Residential
3. Educational
4. Recreational
Regional Centers are being encouraged to address the disparity of services they provide to Caucasians vs. minority populations. The Legislature has emphasized this, and Regional Centers are trying to do a better job of reaching out to minority communities. NBRC has received money for outreach and marketing, which January will use to help resolve the disparity of services among their diverse client population.

Regional Centers are funded through the General Fund. The allocation goes to the Department of Developmental Services, who in turn provide funding to the Regional Centers.

**Agenda Item 4: ADRC Charter Discussion and Approval**

Robin Jordan distributed a clean copy of the current, draft chart proposal. The most significant change is addition of the language of AB1200.

Victoria Jump raised the question concerning Core Services. Item 2 is listed as Options Counseling which might need now to be changed to Person-Centered Options Counseling.

Dean Fujimoto reminded the group that the whole point of including this copy was to lift it directly from AB1200 so that the charter matches the bill. Discussion ensued about this matter. The group agreed that the best solution was to leave the language exactly as written in AB1200 and add a clarifying sentence regarding person-centered options counseling and transition services.

The group agreed to the following changes:

- Adding language to the “Authority” portion of the charter that clarifies that the authority for ADRCs is defined by the Older Americans Act.
- Under chair person, strike “by consensus vote by advisory committee members” so that the sentence reads “Chairpersons are volunteers and shall be selected every two years.”
- Change the last sentence to allow the nominating organization to appoint replacements in the event of unexpected vacancies. So, the final language outlining appointment of vacancies should read: “If a chairperson unexpectedly vacates his/her chair, the appointing organization may appoint a temporary replacement to serve the remainder of the term.”
- Under Core Services, add a clarifying sentence regarding options counseling (person centered) and transition services.
“institution,” which includes but is not limited to: Hospitals, nursing facilities and skilled nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and criminal justice facilities, juvenile detention facilities, etc.

**Agenda Item 5: Training Update**

Marianne Gammon provided a training update. 74.3% of the 100 learners completed all modules.

Learners will be sent a Survey Monkey to gather information about how useful they thought the training was to their work.

Several people asked for a complete transcript detailing who did and did not complete the training.

There was confusion in the group about what this on line learning training qualified people to do. It was clarified that the Elsevier program is aligned with the Learning Community approach to Person-Centered Planning and in that process (which the Learning Community controls) you must also attend a one-day in person training AND ongoing mentorship to qualify to be called, “Person Centered Planning Counselor”. Neither the Federal nor State authorities have adopted these criteria, however.

Eldon would like the California Department of Aging to issue some document that certified that people who took this training are certified or approved to do Person Centered Planning so that the ADRC they represent can fulfill the requirements of the Core Services described in AB1200.

Robin Jordan clarified that her discussions with ACL confirmed there is no Federal requirement for states to certify counselors. It is up to the individual states to decide. States are coping with this confusion by developing their own training solutions. They are using a variety of trainings, some proprietary, some are not. At the moment, there are various trainings that promote “Person-Centered” counseling.

The Committee expressed an interest in developing a standardized training list for ADRC staff. This was identified as an agenda item for the next meeting.
**Agenda Item 6: Data Reports**

The Data committee has adopted “Phase 1” of the data reporting tool. Robin will be sending it out to the designated ADRCs. The group will meet to develop “Phase 2” iteration of the tool, which will include evidence based outcomes.

**Agenda Item 7: Next Steps**

There was a discussion about the problem with not having a lunch break at this meeting. It was clarified that we cannot access the room at California Foundation for Independent Living until 11:00, which makes for a short meeting if we are going to end by 3:00. The idea of moving the meeting back to the California Department of Aging was rejected due to transportation issues. Derrell Kelch offered to research the possibility of hosting the meeting at C4A.

For the next meeting, the following agenda items were requested:
- Vision Statement
- Standardized Training Requirement
- Full report on Data
- Update on the Department of Health Care Services (DHCS) Home and Community Based (HCBS) waiver

Next ADRC Advisory Committee Meeting: March 16, 2018.